

## COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: Hawes TERRY Ray  
 (Last) (First) (Middle)

Prisoner Number: AB7051

Institutional Address: P.O. Box 1050  
Soledad, ca-93960-1050

FILED

DEC 21 2015

SUSAN Y. BOONING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

TERRY Ray Hawes  
 (Enter your full name.)

vs.

C

V

Case No. 15-5866

(Leave blank; to be provided by Clerk of Court)

JERRY BROWN, GOVERNOR

Jennifer Kent, director of dept.,  
of health care services which govern  
medi-cal

(Enter the full name(s) of the defendant(s) in this action.)

COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C. § 1983

(PR)

## I. Exhaustion of Administrative Remedies.

*Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.*

A. Place of present confinement Salinas valley state prison

B. Is there a grievance procedure in this institution? YES ☒ NO ☐

C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☐ NO ☒

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: This person is not an employee of the  
C.I.C.R.

2. First formal level: \_\_\_\_\_

3. Second formal level: \_\_\_\_\_

4. Third formal level: \_\_\_\_\_

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☐

NO ☐

N/A

F. If you did not present your claim for review through the grievance procedure, explain why.

Jennifer Kent is not an employee of the C.D.C.R.

## II. Parties.

A. Write your name and present address. Do the same for additional plaintiffs, if any.

Terry R. Hawes #AB7051, unit d-3 cell 203 Salinas Valley  
State Prison P.O. Box 1050, Soledad, Ca - 95396-1050

B. For each defendant, provide full name, official position and place of employment.

Terry Brown governor The Capitol building, Sacramento,  
Ca - 95814

Jennifer Kent director Health care services, Health care  
options, P.O. Box 989009, West Sacramento, Ca - 95798-9850

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved and  
 3 to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If  
 you have more than one claim, each claim should be set forth in a separate numbered paragraph.

4 See 4 hand written pages of complaint

16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you  
 18 want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

19 25 million dollars

24 **I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

25 Signed this 14 day of December, 2015

26 Jerry R. Thomas  
 27 (Plaintiff's signature)

28 *Please continue to the next page.*

**MAGISTRATE JUDGE JURISDICTION**

Please indicate below by checking **one** of the two boxes whether you choose to consent or decline to consent to magistrate judge jurisdiction in this matter. Sign this form below your selection.

☒ **Consent to Magistrate Judge Jurisdiction**

In accordance with the provisions of 28 U.S.C. § 636(c), I voluntarily **consent** to have a United States magistrate judge conduct all further proceedings in this case, including trial and entry of final judgment.

**OR**

☐ **Decline Magistrate Judge Jurisdiction**

In accordance with the provisions of 28 U.S.C. § 636(c), I **decline** to have a United States magistrate judge conduct all further proceedings in this case, including trial and entry of final judgment.

Signed this 14 day of December, 2015

  
(Plaintiff's signature)

## Complaint page.1

Your Honor hearing this complaint I am not a lawyer, I don't even consider myself to be what some people in prison consider themselves to be "jail-house lawyers"

But I know common sense so I know when I've been done wrong and because I'm innocent of the crime(s) I am in prison on I realize I've been done wrong. So, I'm going to attempt to write this complaint as though I were sitting down face to face explaining to you my situation.

Please further keep in mind I only have a sixth grade education and a mental health diagnoses dating to 1986 of paranoid schizophrenia.

I consider myself to be nothing more than a simple, basic homeless person whom greatly enjoyed his freedom and smoking his medical marijuana and wants to do the right procedures it takes to get reunited with his hippy, homeless, marijuana smoking, free, life. of which filing this complaint is one of those steps.

On 8-31-05 I was arrested in Santa Cruz California on a warrant issued out of Marin County, on my Santa Cruz booking sheet under the section where my address should be it says: transient, which indicates I'm homeless and under the section that says: Occupation, it reads: disabled, which indicates I'm on welfare benefits and S.S.I. and medi-cal goes hand in hand with disability. Now the medi-cal choice form is used to place a county prisoner in a conservatorship and place them in a state hospital indefinitely, especially when there is a chance the person may be found not guilty on the criminal court level.

Now, keep in mind when the medi-cal system is notified to send a medi-cal choice form (notified typically via E-mail) it takes them about 3 days to process the request.

Further keep in mind upon my arrest of 8-31-05 in Santa Cruz that Marin County Sheriff's office was notified of the arrest that day and  
over →

## Complaint page 2

most assuredly all the information on the booking sheet was provided to marin county.

So the arrest was 8-31-05, the date under the barcode on the cover of the medi-cal choice form instruction booklet cover is: 9-7-05. only 7 days after my arrest.

And my complaint with medi-cal issuing ~~this~~ this choice form is that a person cannot be placed in a conservatorship until after they have been found incompetent or a danger to themselves or others and it takes a judge to declare that and for safety-net reasons medi-cal should be contacted by the court that makes that declaration and that couldnt have happed because at this point I had never seen the inside of a courtroom and this should have been evidenced by the fact that the medi-cal benefits I was recieving as a free person had yet to be terminated as the discontinuance of the benefits I was recieving as a free person is dated: September 16, 2005 (9-16-05)

So therefore my rights to A proper process of rights were violated by medi-cal and were done so premeditatedly with forethought which is different then, well like when a person comes home to find their spouse in bed with a stranger and that person kills them both - a criminal act but not punishable as when a person premeditatedly plans out to kill a person(s).

So this left law enforcement no choice but to convict me or leave the state open for a law suit. This is evidence by the responce I gave as testimony on the stand at trial. See copy of letter by defence attorney Jon. P. Rankin

And I was arrested on a criminal matter and not a 5150 which is a danger to self or others.

## Complaint page.3

And the medi-cal choice form with a place for 3 adult signatures but only one adult on it for benefits is because it takes 3 adults to place a adult in a conservatorship and when a adult is in a conservatorship that adult can get limited benefits.

And another point of interest is that because there is a bar code on the choice form they (the powers that be) didnt even trust me to furnish my social security number because as it says on the choice form instruction booklet page in section 6b "Do nothing if there is a barcode, in this space"

so this further aludes to premeditation by the ~~states~~ medi-cal system to place me in a conservatorship, which intent is the same as the legal issue So legally speaking I shouldnt even be in a state prison.

It just so happens that with the way the choice form was addressed which is: To The addressee or guardian of — the my name and the C/O (care of) marin county jail and the jail address, and of course when your in jail your guardian is the sheriff.

Also — and this is something I think a lawyer might be able to do. If you serve my complaint on the governor I believe a lawyer could not only get a cash settlement but also my freedom from this section of pavement of a wrongfull conviction. That section of pavement being me being issued the choice form, I could be incorrect about also getting my freedom if I had a lawyer. but I sure have been done wrong by medi-cal thee alleged good guys issueing poor people health insurance but my case proves those "good" guys hide behind a facade of goodness and not a true goodness.

Also IF and only if you would be willing to apoint an attorney on this complaint I would appreciate it, but if not I'm willing to prosecute it myself.

The conviction on my case didnt happen until 8-2009. →

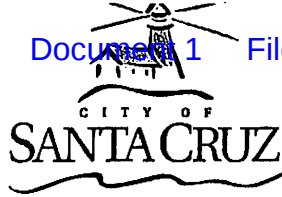
## Complaint Page 4

Oh, and by the way one might consider with the way the letter from medi-cal dated 9-27-05 is started with "welcome" that my Conservator has already chosen what benefits they want me to have. And I'm no expert but I never heard anything about medi-cal privatizing the medi-cal benefits by offering Kaizer Permanente as being available as health care insurance as they are some costly benefits. Perhaps that is why the people receiving regular benefits via medi-cal are having such a hard time getting doctors to accept them as patients, as I hear on the news that medi-cal is not paying doctors for several months after rendering services. Some news reports say medi-cal is failing.

As I believe Kaizer Permanente is a European based company as the word "Kaiser" is the German word for "king" so why should American (California) public (tax payer) dollars go to fund directly a foreign corporation.

And yet it may be important for a jury to know also what's on this page 4 of my complaint as a jury is made up of the "general public" it gives them a better perspective as to "if" I am suitable to be in a conservatorship.





P O L I C E D E P A R T M E N T

155 Center Street, Santa Cruz, CA 95060 • (831) 420-5810 • Fax (831) 420-5811  
Kevin Vogel, Chief of Police

February 7, 2013

Terry R. Hawes, #AB7051  
Unit A-2, Cell 101 Low  
Salinas Valley State Prison  
P.O. Box 1050  
Soledad, CA 93960-1050


Reference: Santa Cruz Police Department case #05S-09501

Dear Mr. Hawes:

I am in receipt of your handwritten letter dated February 3, 2013. I have reviewed the case involving your arrest by the Santa Cruz Police Department on August 31, 2005. All personal property that was taken from you during the course of your arrest was delivered to the custody of Detective Chapman of the Marin County Sheriff's Office. We are not holding any property associated with your arrest.

As you requested, I have enclosed a copy of the warrant abstract for your arrest on August 31, 2005. If you have any additional questions related to your arrest, I suggest you contact the Marin County Sheriff's Office. They conducted the investigation that lead to the issuance of the warrant for your arrest.

Sincerely,

  
Kevin Vogel  
Chief of Police

Cc: Marin County Sheriff's Office

QQ 10:59:06

1BTUC.SCK0 SCZ0.SCK SCZ

TXT

SANTA CRUZ POLICE DEPARTMENT / SAN TA CRUZ JAIL

\*\*\*\*\* WARRANT ABSTRACT \*\*\*\*\*

RE: HAWES, TERRY RAY DOB 02/10/1963 WMA 506/130 BLU/BRO

MARIN COUNTY SHERIFF HOLDS THE FOLLOWING FELONY ARREST WARRANT:

SC143294A ISSUED 08/26/2005 MARIN COURTS JUDGE/SUTRO

VIO/PC 289 A1, PC 245 A1, PC 664/261, PC 136 1, PC 220, PC 243 D BAIL/650,000

PLEASE PLACE A HOLD ON THE ABOVE DEFENDANT IN YOUR CUSTODY AND VERIFY

RECEIPT OF THIS T/T TO BTUC WITH DISPOSITION

THANK YOU FOR YOUR ASSISTANCE

WARRANTS 415-499-7297 BTUC 08312005

ROBERT T DOYLE SHERIFF MARIN COUNTY

20050831 1100 HRS /2292

BOOKING #

# SANTA CRUZ COUNTY SHERIFF-CORONER BOOKING SHEET

B-396904

NAME		LAST		FIRST		MIDDLE		ARREST DATE/TIME		ARREST REPORT #		BOOKING DATE/TIME	
HAWES, TERRY RAY								08/31/05 1043		055-09501		08/31/05 1639	
SNUMBER		CII #		FBI #		SOC. SEC. #		BOOKING FACILITY		BOOKING OFFICER			
2-218492		A26439239		230627W3		425137093		WATER ST		C O G CERVANTES			
HOME ADDRESS				CITY		STATE		PHONE #		BOOKING TYPE			
115 CORAL ST				SANTA CRUZ		CA				WARRANT			
RACE		SEX		AGE		DATE of BIRTH		P.O.B.		DRIVERS LICENSE # (OR ID#)		STATE	
WHITE		M		42		02/10/63		IN					
HAIR		EYES		HT.		WT.		LANGUAGE		ALIASES(ES)			
BRN		BLU		506		130				HAWES, TERRY; HAWES, TERRY; HAWES, TERRY;			
SALIENT CHARACTERISTICS													
TAT BACK; TAT CHEST; TAT RF ARM;													
EMERGENCY NAME				EMERGENCY ADDRESS				CITY				STATE	
ARR. AGENCY		ARRESTING OFFICER		ID #		LOCATION OF ARREST		CITY		STATE			
SCPD		DAIN		145		115 CORAL ST		SANTA CRUZ		CA			
OCCUPATION		EMPLOYER		ADDRESS		CITY		STATE					
DISABLED		UNEMPLOYED											
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
PC 269(A)(1), PC 245(A)(1), PC 243(D)								SC143294A		MARIN CO		650000	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
												RES	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
												RES	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
												RES	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
CONTROLLED DOCUMENT												RES	
TO: Terry Hawes												RES	
FOR OFFICIAL USE ONLY												RES	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
NOT TO BE PHOTOCOPIED NOR IS ANY												RES	
INFORMATION HEREIN TO BE GIVEN TO												RES	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
UNAUTHORIZED AGENCIES OR PERSONS.												RES	
DATE: 7-5-12 BY: ED												RES	
CHARGES								WARRANT #		ISSUING AGENCY		BAIL	
SHERIFF-9376-23 SANTA CRUZ COUNTY												RES	

THIS DEFENDANT HAS BEEN INFORMED OF HIS/HER RIGHT TO APPEAR BEFORE A MAGISTRATE PER SECTION 821 and OF THE PENAL CODE. DEFENDANT ☐ DID ☒ DID NOT REQUEST APPEARANCE BEFORE A MAGISTRATE.

INMATE SIGNATURE

OFFICER SIGNATURE

BADGE NO.

I HAVE BEEN PERMITTED ACCESS TO A PHONE AND I WAS GIVEN THE OPPORTUNITY TO COMPLETE TWO (2) PHONE CALLS PER 851.5 PC

INMATE SIGNATURE

OFFICER SIGNATURE

BADGE NO.

RELEASED TO OFFICER SIGNATURE

1608 DEPARTMENT MCSO

BADGE NO. 1608

DATE	TIME	RELEASE TYPE	BND #/RECEIPT #	BONDSMAN/OTHER	BOND AMT	BADGE #
9/1/05	0231A	<input type="checkbox"/> OR <input type="checkbox"/> SD <input checked="" type="checkbox"/> DT <input type="checkbox"/> 10% <input type="checkbox"/> CB <input type="checkbox"/> TS <input checked="" type="checkbox"/> 849 <input type="checkbox"/> OT				90
DATE	TIME	RELEASE TYPE	BND #/RECEIPT #	BONDSMAN/OTHER	BOND AMT	BADGE #
		<input type="checkbox"/> OR <input type="checkbox"/> SD <input type="checkbox"/> DT <input type="checkbox"/> 10% <input type="checkbox"/> CB <input type="checkbox"/> TS <input type="checkbox"/> 849 <input type="checkbox"/> OT				

RELEASING OFFICER  
DET-SHF-013A (8-83)

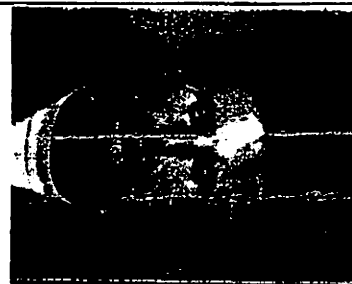
BOOKING RECORD COPY

Released to marin  
CA

Distribution: MT/JM  
White—Booking Record  
Blue—Courts  
Green—D.A.O.

Canary—SHF Record  
Pink—P.R.  
White—Control Copy

HAWES, TERRY RAY  
218492  
1081253



☐ WITH DETAINER

Box #

443

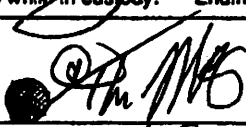

New #

S-218492

CU A26439239

FBI 230627W3

## SANTA CRUZ COUNTY FIELD ARREST REPORT

NAME: LAST		FIRST		MIDDLE		ARREST DATE		ARREST TIME		ARREST CASE #	
HAWES		TERRY		RAY		8-31-05		1042		055-09501	
ADDRESS						CITY		STATE		PHONE#	
TRANSIENT						SANTA CRUZ		CA		-	
AGE		CITY, STATE OF BIRTH				SOC. SEC. #		RACE		SEX	
42		EVANSVILLE INDIANA				425-13-7093		L		M	
HGT		WGT		DL/DOB		STATE		LANGUAGE		EMERGENCY NAME, PHONE#	
5-6		130						ENGLISH		-	
CHARGES: FA [ ] WA [ ] FA [ ] WA [ ] FA [ ] WA [ ] FA [ ] WA [ ] FA [ ] WA [ ] FA [ ] WA [ ] FA [ ] WA [ ] FA [ ] WA [ ]											
WARRANTS											
HOLDING AGENCY: WRTS				OCCUPATION				EMPLOYER			
Madera County				Disabled				Unemployed			
ARRESTING AGENCY OFFICER				ID#				LOCATION OF ARREST (ADDRESS/CITY)			
SCPD				J. DAIN				145			
VEHICLE YR				MAKE/MODEL		COLOR		LICENSE#/STATE		VEHICLE LOCATION/DISPO: PARKED [ ] TOWED [ ]	
PHOB/PAROLE OFFICER				CHEM TEST: REFUSED [ ]				SCARS/MARKS/TY/ALIAS			
				BLOOD [ ] BREATH [ ] URINE [ ]				NATUANA LEAF TATTOO on upper right back			
RELATIONSHIP TO VICTIM: WEAPON:											
Chest Skull											
INJURIES: MINOR [ ] MAJOR [ ] HOSPITAL:											
RA Sign 18th Century Christian											
NOTES/CO-DEFENDANTS											
PROPERTY INVENTORY LIST (TO BE FILLED IN AT TIME OF SEARCH)											
WALLET						JACKET					
KNIFE						SWEATER					
BELT						SHIRT/BLOUSE					
KEYS						PANTS					
WATCH, COLOR						DRESS/SKIRT					
BUCKLE						SHOES					
BRAND						HAT					
STONE						MISC ITEMS					
STONE						DUFFLEBAG					
STONE						BRIEFCASE					
STONE						SUITCASE					
STONE						PURSE					
STONE						BACKPACK					
STONE						BEDROLL					
MONEY						<b>CONTROLLED DOCUMENT</b> <b>TO: Terry Hawes</b> <b>FOR OFFICIAL USE ONLY</b> NOT TO BE PHOTOCOPIED NOR IS ANY INFORMATION HEREIN TO BE GIVEN TO UNAUTHORIZED AGENCIES OR PERSONS. DATE: 7-5-12 BY: ED SHERIFF-CORONER SANTA CRUZ COUNTY					
MEDICAL ALERT JEWELRY											
LIST ITEMS TAKEN AS EVIDENCE											
OFFICER NAME/BADGE/AGENCY:											
RECORDING OFFICER/BADGE# J. Dain 145						SEARCHING OFFICER/BADGE#					
DEFENDANT SIGNATURE											
I have received all money and property held for me while in custody: Ending cash balance: \$											
DATE		DEFENDANT				RELEASING OFFICER/BADGE#					
9/1/05											

DET-1105 11/96

MCSO/608

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
Health Care Options, P.O. Box 989009  
West Sacramento, CA 95798-9850

RETURN SERVICES REQUESTED  
To the addressee or guardian of:

▶ 1 -  ◀  
1-99517590E-09/07/05

SA\_05 000111\_721\_582M\_2511

TERRY HAWES  
C/O MARIN COUNTY JAIL  
13 PETER BEHR DR  
SAN RAFAEL CA 94903

↑  
date  
Instruction booklet cover



ENGLISH  
1-800-430-4263  
Written materials are available

العربية  
ARABIC  
1-800-576-6881  
توفر معلومات مطبوعة

ՀԱՅԵՐԵՆ  
ARMENIAN  
1-800-840-5032  
Գրավոր նյութեր գոյություն ունեն

ខ្មែរ  
CAMBODIAN  
1-800-430-5005  
ព័ត៌មានអំពីសេវាសុខភាពអាចទទួលបាន

粵語  
CANTONESE  
1-800-430-6006  
可以提供書面材料

فارسی  
FARSI  
1-800-840-5034  
مطالب به زبان های زیر موجود است:

HMOOB  
HMONG  
1-800-430-2022  
Cov lus uas sau hauv ntawj los sau lus

한국어  
KOREAN  
1-800-576-6883  
시편자료의 이용이 가능합니다

國語  
MANDARIN  
1-800-576-6885  
可以提供書面材料

Русский  
RUSSIAN  
1-800-430-7007  
Доступны материалы на русском языке

ESPAÑOL  
SPANISH  
1-800-430-3003  
Se dispone de material escrito.

TAGALOG  
TAGALOG  
1-800-576-6890  
May mga nakasulat na materyales

Tiếng Việt  
VIETNAMESE  
1-800-430-8008  
Có các tài liệu dưới dạng văn bản

TDD  
1-800-430-7077

8 SLO. town Area  
code  
805

# MEDI-CAL CHOICE FORM

Use this form to join or change a health plan. To choose Regular Medi-Cal, fill out the form. Call 1-800-438-4263. Mail Completed form to: California Department of Health Services, Health Care Options, Box 989009, W. Sacramento, CA 95829-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE.

1) Head of Household Name (First Name, Last Name): TERRY HAWES  
2) Sex: M  
3) Telephone Number: 995 175 9012  
4) Home Address (House Number, Street, Apartment Number, City, and Zip Code): 100 MARLIN COUNTY JAIL 13 PETER BEHR DI

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory. If you do not want to join a Medi-Cal Health Plan, fill in the oval for Regular Medi-Cal (Fee-For-Service).

HEALTH PLANS  
1) Applicant Name (First Name, Last Name): TERRY HAWES  
2) Sex: M  
3) Social Security Number: 995 175 9012  
4) I wish to JOIN or change my plan to:  
a) 001 Kaiser Permanente  
b) 000 Regular Medi-Cal (FFS)  
c) NO Plan change  
I want medical too know that a Doctor has made statements about me to certain government agencies without my permission or approval or consulting me. And this Doctor whom ever he/she might be is not someone I have had a choice in as for a Doctor and don't even know whom this

HEALTH PLANS  
5) Applicant Name (First Name, Last Name): Doctor  
6) Sex: M  
7) Social Security Number: 995 175 9012  
8) I wish to JOIN or change my plan to:  
a) 001 Kaiser Permanente  
b) 000 Regular Medi-Cal (FFS)  
c) NO Plan change  
I would very much so want a complete investigation into this matter and to speak directly face to face with some one from Dept. of Health Services' main office "not local office" to get

HEALTH PLANS  
9) Applicant Name (First Name, Last Name):  
10) Sex: M  
11) Social Security Number: 995 175 9012  
12) I wish to JOIN or change my plan to:  
a) 001 Kaiser Permanente  
b) 000 Regular Medi-Cal (FFS)  
c) NO Plan change  
to the center of this investigation that must happen without delay.

## PLAN CHANGE REASON CODES:

Code 1: I could not choose the doctor or dentist I wanted.  
Code 2: The health/dental plan did not meet my needs.  
Code 3: My doctor/dentist did not meet my needs.

Code 4: Too far to go.  
Code 5: I did not choose this plan.  
Code 6: Moving out of the county.

Code 7: DO NOT USE  
Code 8: DO NOT USE  
Code 9: Other.

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/we have made written choice to receive Medi-Cal benefits by joining in the medical plan or by receiving Regular Medi-Cal (Fee-For-Service). If eligible for Medi-Cal, I/we understand that each family member will receive health care benefits as I/we have indicated on this form. I/we have read and understand the conditions of this agreement. I/we understand that in order to disenroll from my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature: [Signature] Date: 9/21/15  
Other Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Child's Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



State of California - Health and Human Services Agency  
Department of Health Services  
Medical Assistance

NOTICE TYPE 7A  
NOTICE PREPARATION DATE:  
September 16, 2005

MEDI-CAL  
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL  
OTHER

OTO0408

HAWES  
TERRY HAWES  
C/O MARIN COUNTY JAIL  
13 PETER BEHR DR  
SAN RAFAEL, CA

94903

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for SSI/SSP-based Medi-Cal after September 30, 2005.

Regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL TURN ON AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

Although you are no longer eligible for SSI/SSP-based Medi-Cal, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however, be a break in coverage during which Part B premiums may be taken out of your Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the county welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal. IF YOU ARE INTERESTED IN CONTINUING TO RECEIVE MEDI-CAL BENEFITS, COMPLETE THE APPLICATION STATEMENT OF FACTS FORMS THAT ARE ATTACHED. Mail them IMMEDIATELY to the county welfare department at the following address:

Marin County  
Dept of Health & Human Service  
Attn: Medi-Cal Intake Unit  
Telephone (415) 499-7084  
Civic Center Branch PO Box 4160  
San Rafael CA 94913

THROW AWAY YOUR PLASTIC CARD! YOU CAN USE IT AGAIN..



# MARIN COUNTY SHERIFF'S OFFICE

3501 Civic Center Drive, Room 145, San Rafael, CA 94903

ROBERT T. DOYLE

Sheriff - Coroner

TIMOTHY J. LITTLE

Undersheriff

June 17, 2012

NAME: HAWES, TERRY RAY  
DOB: 02/10/1963  
CDC: AB7051

THIS WILL VERIFY THAT YOU WERE IN THE  
CUSTODY OF THE MARIN COUNTY SHERIFF ON THE  
FOLLOWING DATE(S):

DATE ARRESTED

06/09/2006  
09/02/2005

DATE RELEASED

12/31/2009  
02/16/2006

SINCERELY,

ROBERT T. DOYLE,  
Sheriff, County of Marin

By   
Scott Licatovich  
Legal Process Specialist

AREA CODE 415

24-HOUR NUMBER  
473-7233

FAX  
473-4126

ADMINISTRATION  
473-7250

CIVIL  
473-7282

COMMUNICATION  
SERVICES  
473-7243

CORONER  
473-6043

COURTS  
473-7393

EMERGENCY  
SERVICES  
473-6584

INVESTIGATIONS  
473-7265

JAIL  
473-6655

MAJOR CRIMES  
TASK FORCE  
884-4878

PATROL  
473-7233

RECORDS  
473-7284

WARRANTS  
473-7297



JOSEPH SHIPP, ATTORNEY AT LAW  
Post Office Box 20347  
Oakland, California 94620  
Telephone: (510) 530-9043

ATTORNEY-CLIENT COMMUNICATION

September 28, 2011

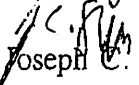
Terry Ray Hawes AB-7051  
Salinas Valley State Prison  
P.O. Box 1050  
Soledad, CA 93960

Re: *People v. Hawes*  
Appeal No. A127151

Dear Mr. Hawes,

I enclose minute orders from September 2005 to June 2009 in your case; as you requested, they should show you were found incompetent (Pen. Code 1368), then allowed to represent yourself (waive counsel) at the preliminary hearing (see the minute orders for 12/15/05 and 7/10/06; the minute orders list your charges too). The rest of the transcripts are all bound together, so I would need to send the whole volumes to you. I would like to send the rest of the transcripts because they would be very helpful for your writ; the rest of the transcripts includes your complaints about forced medication, plus rulings about incompetency and self-representation. If you have the minute orders, you might as well have the rest of the transcripts (it's about a box full). Please let me know and I will send the full clerk's and reporter's transcripts to you (not the appeal briefs, just the rest of the transcripts). I wish the court would let me add your other issues to the appeal, but they do not allow new information in the appeal, only in a writ. Also, I am not a federal attorney so I would have to send you the federal habeas form to sign and send to the federal court in proper on our appeal argument; I will remind you about this later if we lose the appeal. Well, I wish you would let me send our appeal briefs, not just the transcripts, but it is up to you. Please let me know if I can send the rest of the transcripts (not the briefs); I think they would help you.

Very truly yours,

  
Joseph C. Shipp, Attorney at Law

Jon P. Rankin  
Attorney-At-Law

April 05, 2013

Terry Hawes  
CDC # AB7051  
Salinas Valley State Prison  
P.O. Box 1050  
Soledad, Ca 93960-1050

Dear Mr. Hawes,

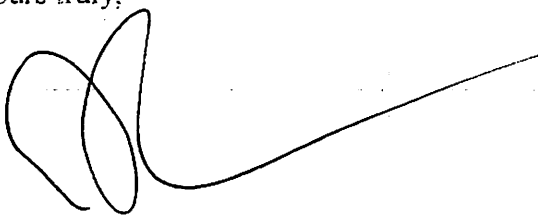
In response to your three most recent letters I have previously explained to you that the case file is stored off site and not easily accessible.

You were previously given copies of the police reports and I am not in a position to retrieve, redact, and copy these reports. You should direct any appeal concerns to your appellate attorney.

I never filed a peremptory challenge on Judge Simmons because that is something that has to be done within 10 days of assignment to that judge. I was not appointed to your case until she had the case far longer than that.

I recall your testimony being entirely non-responsive to the questions posed and instead consisted of statements regarding involuntary medication resulting in memory loss and your perceived status as a political prisoner.

Yours truly,

A handwritten signature in black ink, consisting of a stylized 'J' and 'R' followed by a long horizontal line.

JON P. RANKIN

**Join or Change a Health Plan**

Please complete sections for all members who want to join or change a health plan.  
Parts of this section may already be filled out for you.

**5. APPLICANT'S NAME**

Print the full name  
(First and Last Name)  
of an individual member  
of your family.


**6. SEX**

Fill in oval M for  
male or F for  
female.

**6a. DUE DATE**

The due date is the day the  
baby is expected to be born.  
Please write the due date by  
month, day, and year. For  
example, December 2, 2003  
would be entered as  
12/02/03.

**6b. SOCIAL SECURITY NUMBER**

Do nothing if there is a  
barcode  in this space.  
Otherwise, enter your  
Social Security Number.

5) Applicant's Name (First Name, Last Name)		6) Sex	6a) Due Date (if pregnant)	6b) Social Security Number
<input type="radio"/> <b>I wish to JOIN or change my plan to:</b> <input type="radio"/> <b>NO plan change</b>				
<input type="radio"/> 000 Health Plan <input type="radio"/> 000 Regular Medi-Cal (FFS)				
Doctor/Clinic Code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>				
Plan Partner Name (see back of choice form)				
Enter plan change reason code* <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span>				
<input type="radio"/> XX <input type="radio"/> XX <input type="radio"/> XX <input type="radio"/> XX <input type="radio"/> XX <input type="radio"/> XX <input type="radio"/> XX				
<b>PLAN CHANGE REASON CODES:</b> Code 1: I could not choose the doctor or dentist I wanted Code 2: The health/dental plan did not meet my needs Code 3: My doctor/dentist did not meet my needs Code 4: Too far to go Code 5: I did not choose this plan Code 6: Moving out of the county Code 7: DO NOT USE Code 8: DO NOT USE Code 9: Other				

**Join or Change A Health Plan****Join a Health Plan:**

Fill in the oval next to "I wish to JOIN or change my plan to:". Then, fill in the oval for your health plan choice.

**Change a Health Plan:**

Choose a reason for leaving the health plan from the shaded box called "\*\*PLAN CHANGE REASON CODES" located at the bottom of the form. Write this code number in the box next to "Enter plan change reason code\*\*".

**If the "No Plan Change" oval is available:**

Fill in the oval for "No Plan Change" if any member of the family listed on the choice form does not want to change health plans.

State of California Health and Human Services Agency

**Department of Health Services**

P.O. Box 989009

West Sacramento, CA 95798-9850

**RETURN SERVICES REQUESTED**

To the addressee or guardian of:

September 27, 2005  
PV SR 7 21 - 99517590E

▶ 2 -  ◀

SA\_05 000015\_721\_618M\_263 1

TERRY HAWES  
C/O MARIN COUNTY JAIL  
13 PETER BEHR DR  
SAN RAFAEL CA 94903

Welcome!

Enclosed is a choice form and instructions for the voluntary beneficiary(ies) listed on the form to join a Medi-Cal Managed Care health plan. Please refer to the packet of material that was already sent to you. Mail the completed choice form in the enclosed postage-paid envelope. Don't forget to keep the last copy of the form for your records.

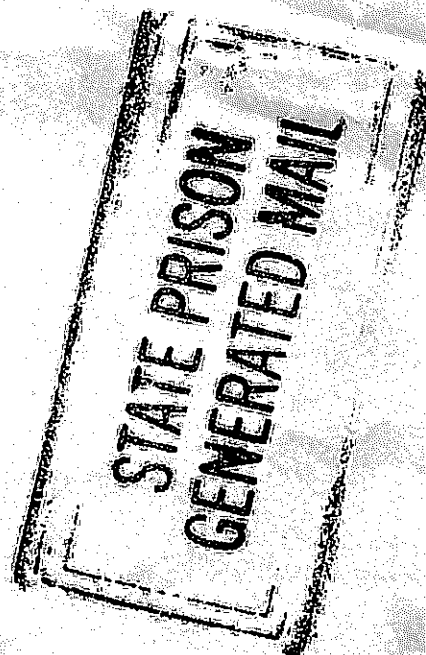
If you or your family member(s) have any questions, call Health Care Options, toll-free, at 1-800-430-4263, between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. If you need personal assistance, use the presentation schedule in this packet to find the nearest enrollment service representative and for a site location.

Take the first step toward providing yourself and your family with health care by completing a choice form today! Get a good start on the road to health!

US POSTAGE & FITNEY BOWES  
ZIP 93960 \$001.86  
02 1W  
0001393392 DEC 15 2015



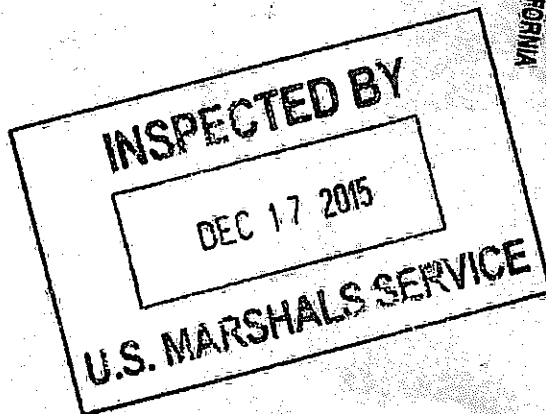
To: clerks office  
United States district court  
4150 Golden Gate Avenue Box 36060  
San Francisco, CA 94102



SUSAN X. SCOWIE  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

DEC 17 2015

RECEIVED



jeremy mawes mmo 1021  
unit d-3 cell 203  
saginaw valley state prison  
P.O. Box 1050  
Soledad, CA 93960-1050





Terry Hawes #A87051  
Unit d-3 cell 203  
Salinas valley state prison  
P.O. Box 1050  
Saledad, ca 93960-1050

Clerks office  
United states district court  
450 Golden Gate Avenue Box 36060  
San Francisco, ca 94102

12/14/21

HOUSTON

*[Signature]*